

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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A Public Document

1. Agency Name

Lighthouse Housing Corporation
Division, Department, or Region (if applicable)

San Jose Date Stamp
us MAIL
2017 NOV -3 AM 9:58

California Form 802
For Official Use Only

Designated Agency Contact (Name, Title)

Jacqueline Odom, Executive Director

Area Code/Phone Number

650-387-6819

E-mail

lighthousehousing@yahoo.com

☐ **Amendment** (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 36.00

Event Description: Disney on Ice
Provide Title/Explanation

Date(s) 10.28.2017

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: SJA A
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>Lighthouse Housing Corporation</u>	<u>8</u>	<u>Providing entertainment to underserve San Jose Resident families</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Jacqueline Odom Jacqueline Odom Executive Director 10-30-2017
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

Shelly has a passionate heart and help a lot of underserve families enjoy their children. Thanks for your support and generosity.